

1. Does the small employer pool contemplate utilizing an executive director when the Pool becomes operational on January 1, 2006 or in the foreseeable future?

RESPONSE: No.

2. Based on the administrative fees disclosed in the financial statements of the high risk pool for the administration of the subsidy mechanism and literature available on the web site regarding the subsidy mechanism, which we understand to be the source of the assessment base for the high risk pool, it would appear that there is currently a great deal of work being done to verify the reporting of covered lives by the carriers. Based on that observation, we have the following questions.

- a. Would the assessment base information collected by the high risk pool be provided to the small employer pool to eliminate duplicative efforts and thus reduce cost?

RESPONSE: Bidders are instructed to bid assuming that this information will not be provided. No agreements have been made between the NH Individual Health Plan Benefit Association and the NH Small Employer Reinsurance Pool.

- b. If the information is supplied to the small employer pool would the board require the administrator to perform any verification of covered lives counts reported by the carriers if it has already been done?

RESPONSE: Not Applicable. See Response to 2a. above.

3. What is the count of the carriers that are included in the assessment base? Can this count be broken down by stop loss carriers and insuring carriers?

RESPONSE: The NH Insurance Department estimates that there are approximately 450 carriers that are licensed to write accident and health insurance and that approximately 85 of these carriers have assessable lives.

4. Do you have any information regarding the likely number of lives for which the reinsurance pool will have potential claims liability?

RESPONSE: There is no information regarding the likely number of lives for which the reinsurance pool will have potential claims liability.

5. Does the \$2500 per month or \$10 per reinsured life limit of RSA 420-K:2(V) apply only to Task A, or to both Task A and Task B duties?

RESPONSE: Task A. See page 7, Cost Proposal, of the RFP.

6. If the answer to #5 is the limit only applies to Task A, how does that square with the wording of the statute?

RESPONSE: The Pool has placed this limit on Task A. This is not inconsistent with the statute.

7. Do you have any information regarding the likely number of claims that will be processed monthly?

RESPONSE: There is no information regarding the likely number of claims that will be processed monthly.

8. What is the expectation of the Board regarding response time between claim made and response?

RESPONSE: Article XII, Section H, Subsection 6 states that

*The reinsurance claims will be reimbursed when the accumulated amount due as of the end of any month exceeds fifty thousand dollars (50,000).*

*Regardless of this limitation, all balances due will be paid by the Pool to ceding Carriers no less often than every six (6) months.*

Payment, if required as specified above, shall be made no later than the end of the month immediately following the month in which the reinsurance claim was submitted. For example, if a reinsurance claim is submitted on the 20<sup>th</sup> of June, in accordance with the Plan, the administrator should adjudicate and pay the claim no later than the 31<sup>st</sup> of July.

9. If a plan administrator bids only on one of the two Task categories, will that administrator be responsible for finding or helping to find a party to perform the other task (i.e., has the Board ruled out the administrator contracting out TPA duties with regard to claims processing)?

RESPONSE: The Board will be responsible for retaining administrators for functions and services delineated in the RFP. If a bidder bids on a task that it anticipates contracting out to another entity, the bidder is obligated to disclose the same pursuant to the RFP, p. 5, Organization and Qualifications, item 4.